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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

to None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

to None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>			

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## TITLE

Wafer edge defect inspection

FILING FEE  RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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